

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Eliza Bailey

Died at <sup>Town</sup> Near Easton

<sup>County</sup> Talbot

MARYLAND

Date of death 1907 May

Day 15

Age 60

Months

Days

Sex Female

Color or Race

Black

Birth-place

Talbot Co

Occupation

Housewife

Where Residing if not at place of death

Near New Chapel

Married, Single or Widowed

Married

Name of ~~Wife or~~ Husband

Jerry Bailey

Father's Name

James Madden

Father's Birthplace

Talbot Co

Mother's Maiden Name

Dont know

Mother's Birthplace

"

"

Name of person giving In formation

Jerry Bailey

How related to deceased

Husband

CAUSES OF DEATH

79

Primary

Organic Heart Trouble

How long

not known

Immediate

Heart Failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chas. F. Davidson

Address

Easton

MD

Accident or Suicide?

New Chapel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Date of death		Month	Day	Age	Years
1907		May	6	2	9
Sex	Color or Race		Birth-place		
Male	Colored		With Talbot Co.		
Occupation	Where Residing if not at place of death				
Child	same				
Married, Single or Widowed	Name of Wife or Husband				
Single	none				
Father's Name	Father's Birthplace				
H. Hanson Bailey	Talbot Co.				
Mother's Maiden Name	Mother's Birthplace				
Sarah J. Joshua	Talbot Co.				
Name of person giving information	How related to deceased				
H. Hanson Bailey	Father				

## CAUSES OF DEATH

Primary

Pneumonia

How long

1 wk.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

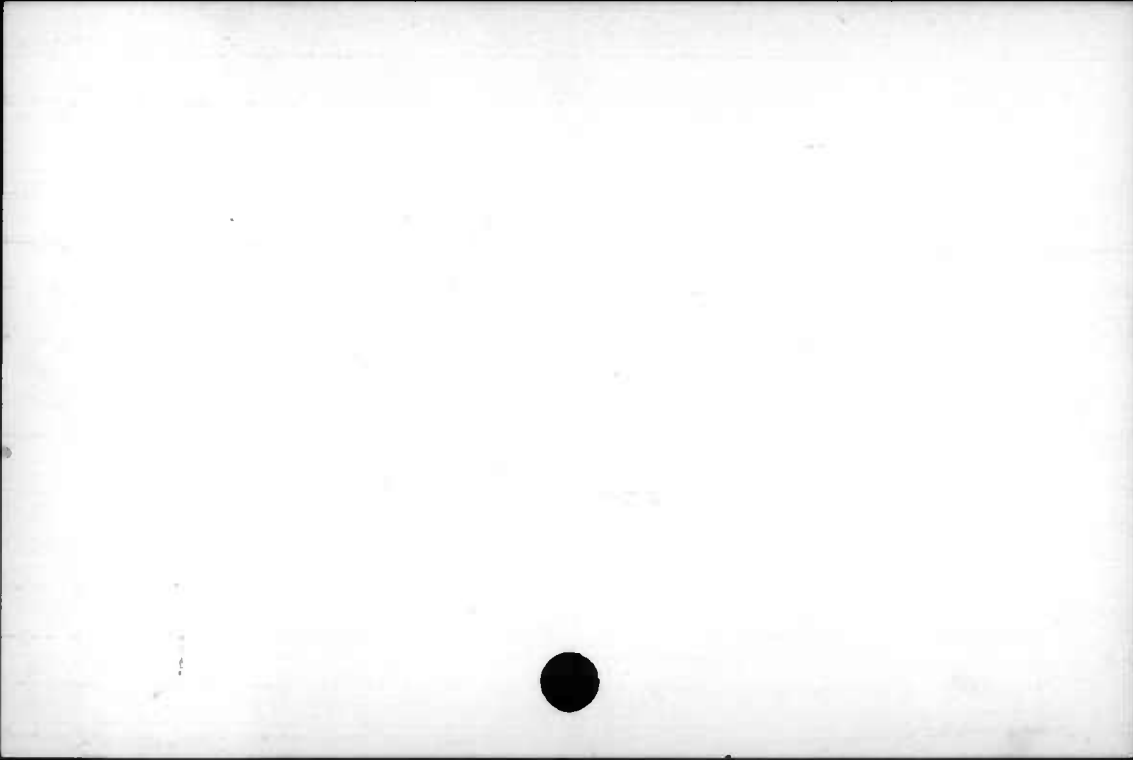
Signature of Physician

Address

Dr. J. B. Selt  
St. Michaels

Accident or Suicide?

No



Name  
in  
Full

Mary Eliza Bantom.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

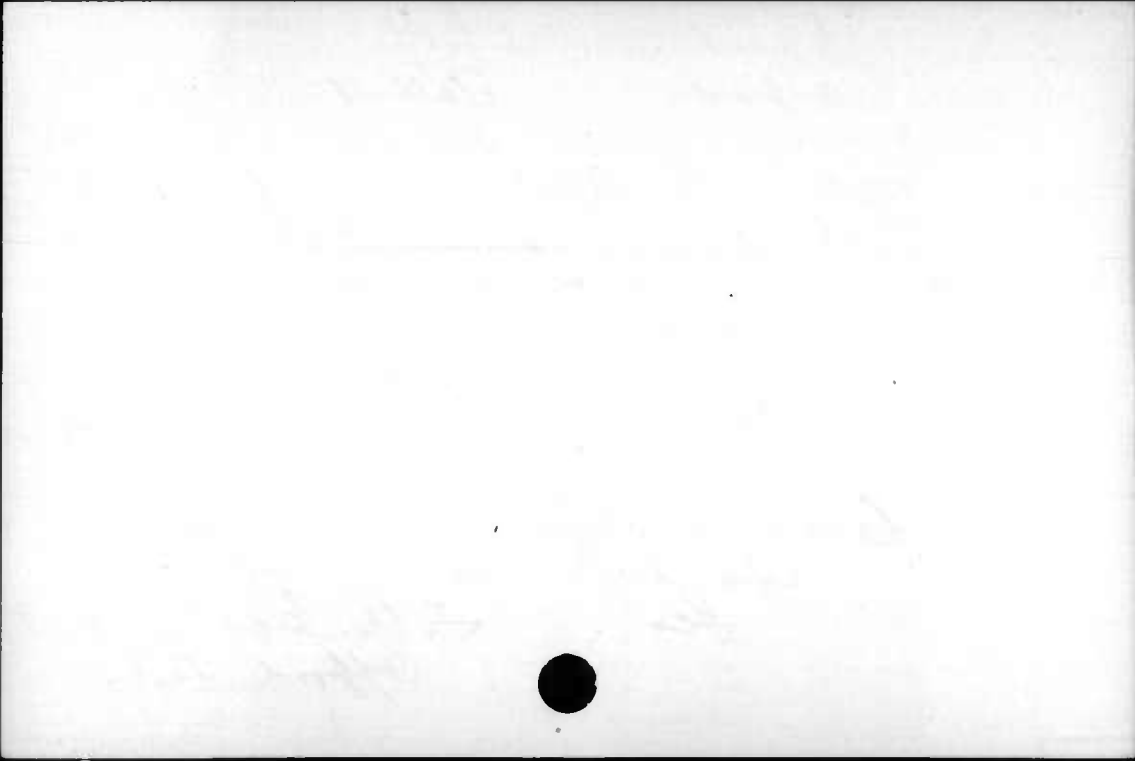
Died <i>near</i>		<i>Tuppre</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month 5	Day 5	Age 43	Years 7	Months 7	Days 70
Sex	<i>Female</i>		Color or Race	<i>Negro -</i>		Birth- place	<i>Talbot Co, Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Theodore Bantom</i>			
Father's Name	<i>Perry Potts</i>		Father's Birthplace	<i>Talbot Co, Md</i>			
Mother's Maiden Name	<i>Mary Jane Potts</i>		Mother's Birthplace	<i>" " "</i>			
Name of person giving In formation	<i>Theodore Bantom</i>		How related to deceased	<i>Husband</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Acute Dilatation of Heart</i>	How long	<i>1 hour</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address <i>Joseph A. Potts, Jr. Tuppre, Md</i>	
Accident or Suicide			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2

Jacob Brooks (Col)

## CERTIFICATE OF DEATH

Died at		Town Offord		County Talbot.		MARYLAND		
Date of death		1907	Month May	Day 4.	Age 35	Years —	Months 6	Days 0
Sex Male		Color or Race African		Birth- place Offord Md.				
Occupation Laborer.		Where Residing if not at place of death Offord Md.						
Married, Single or Widowed Married		Name of Wife or Husband Lucie Brooks.						
Father's Name Perry Brooks		Father's Birthplace Dont Know						
Mother's Maiden Name Georgeanna Fitch		Mother's Birthplace Royal Oak Md.						
Name of person giving In formation Isaiah Brooks		How related to deceased Brother						

## CAUSES OF DEATH

79

Primary	Cardiac Dropsy	How long	12 months
Immediate	Heart Failure	How long	short time
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Eccles. M.D.	
Address		Offord Md.	
Accident or Suicide?			





Name  
in  
Full

Amelia E. S. Bryan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

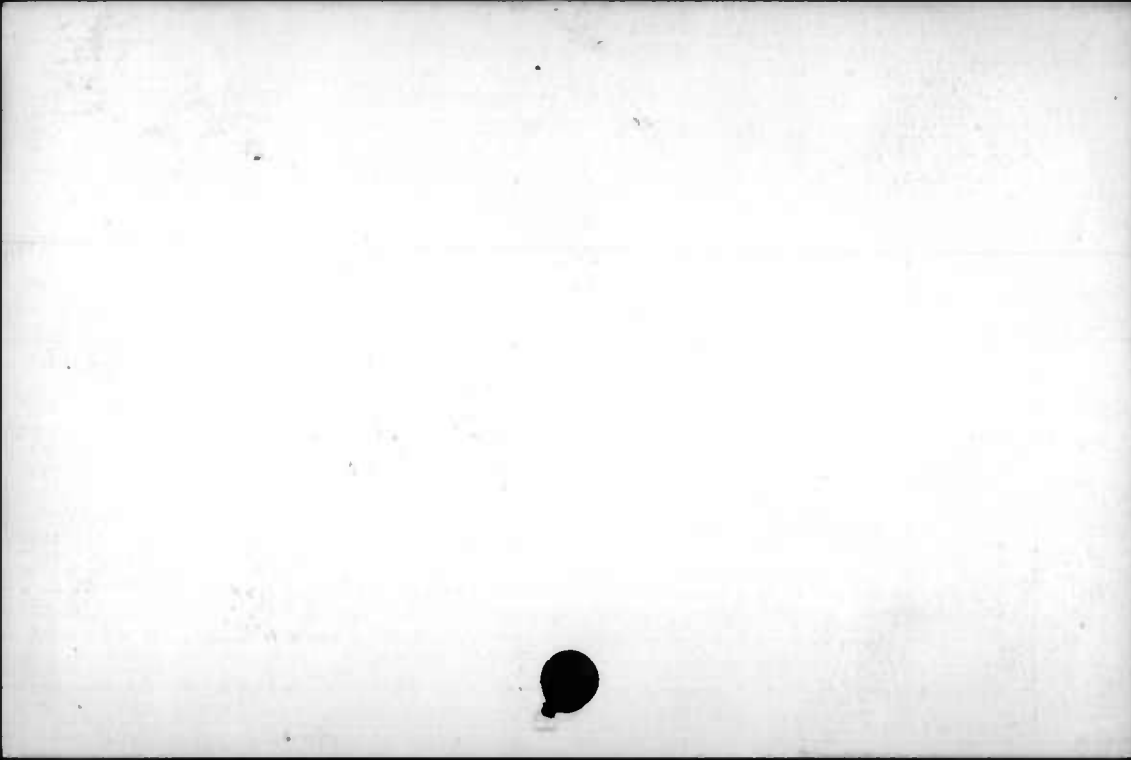
Died at <i>near Easton</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>13</i>		Age <i>67</i> <sup>Years</sup>		<i>11</i> <sup>Months</sup>	<i>2</i> <sup>Days</sup>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Carbon Co. Pa.</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Rose Lawn Talbot Co. Md.</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Abraham Bryan</i>			
Father's Name <i>Andrew Himmel</i>		Father's Birthplace <i>Pennia</i>			
Mother's Maiden Name <i>Elena Snyder</i>		Mother's Birthplace <i>Senigh Gap. Pa.</i>			
Name of person giving information <i>Carlotta A. Bryan</i>		How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

(180)

PHYSICIAN  
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>2 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Dandrea</i>
	Address <i>Easton Md</i>
Accident or Suicide?	



Name  
is  
Full

Robert Lee Camper

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

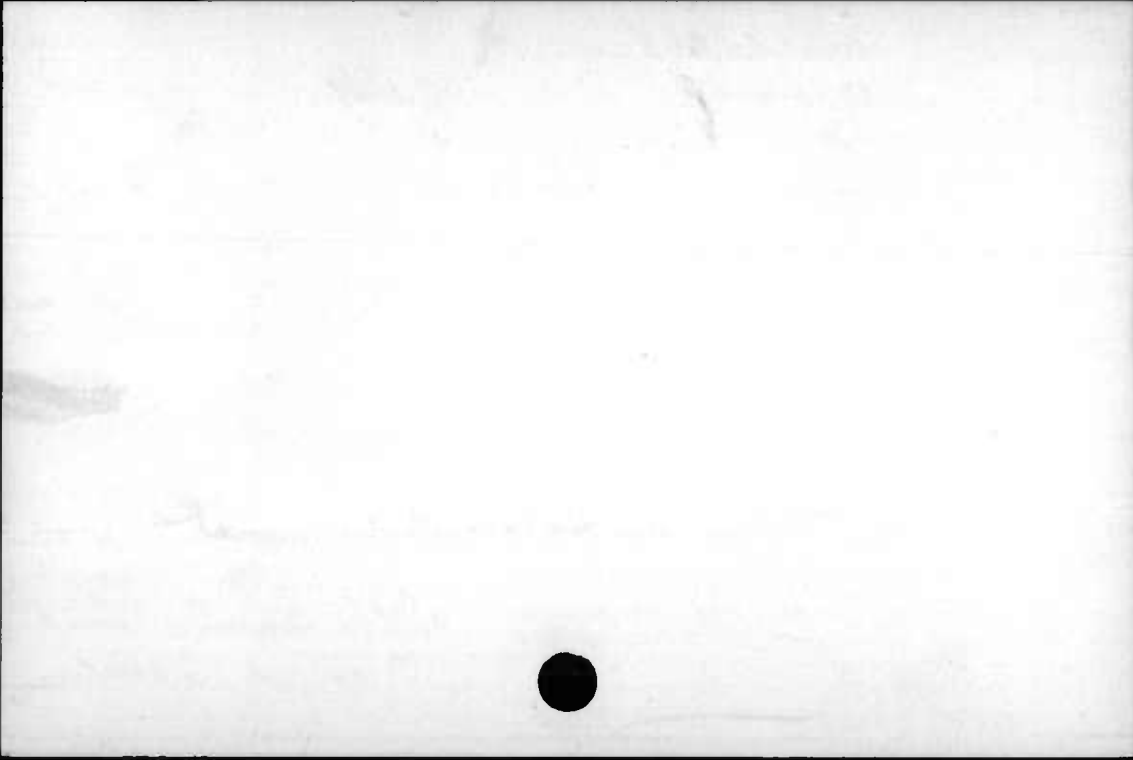
Died near <sup>Town</sup> <i>Maple</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1907	Month	5	Day	14
Age		Years	1	Months	10
Days		12			
Sex	<i>Male</i>		Color or Race	<i>negro</i>	
Birth-place	<i>Talbot Co</i>				
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Don't know</i>		Father's Birthplace <i>D. K.</i>		
Mother's Maiden Name	<i>Mamie Camper</i>		Mother's Birthplace <i>Talbot Co. Md</i>		
Name of person giving information	<i>H. J. Camper</i>		How related to deceased <i>Grand-father</i>		

## CAUSES OF DEATH

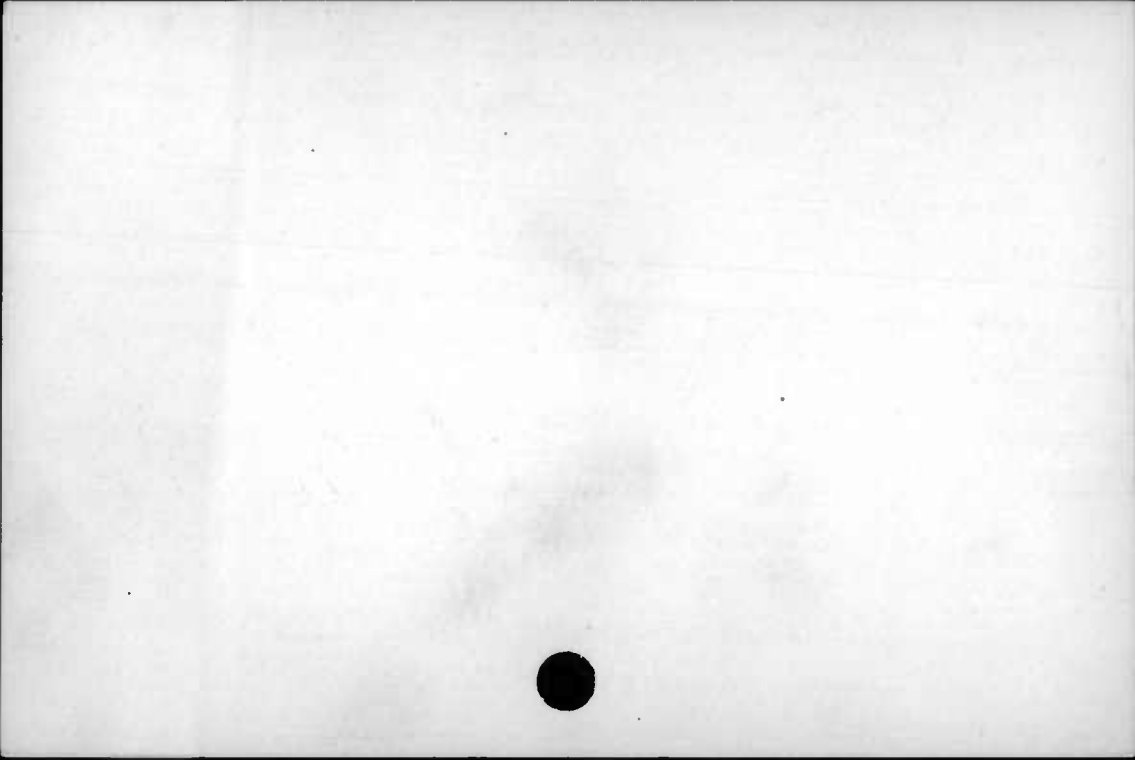
(27)

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pulmonary Tuberculosis</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A. Boas, M.D.</i>	
		Address	
		<i>Maple Talbot Co. Md</i>	
Accident or Suicide?			



Name in Full		Matilda Loop.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Offord		County Talbot		MARYLAND	
	Date of death	1907	Month May	Day 29	Age 75	Years 0	Months 0
	Sex	Female		Color or Race	Colored		Birth-place
	Occupation	House work		Where Residing if not at place of death		Offord Md.	
	Married, Single or Widowed	Widow		Name of Wife or Husband			
	Father's Name	David Smith		Father's Birthplace		Denton Co. Md	
	Mother's Maiden Name	Kitty Loop		Mother's Birthplace		Offord Md	
Name of person giving information	William H. Smith		How related to deceased		Brother		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">79</div>							
PHYSICIAN OR CORONER	Primary	Cardiac disease due to senile decay				How long	15 years
	Immediate	Haemorrhage				How long	75 minutes
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. Cecles M.D.
			Address		Offord Md		
	Accident or Suicide?						



Name  
in  
Full

Sarah Frances Cummings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Fairbank		Tolchester		MARYLAND	
Date of death	1907	Month	May	Day	18	Years	78
Sex	Female		Color or Race	White		Months	10
Birth-place	Tolchester		Days	14			
Occupation	Housewife		Where Residing if not at place of death	Fairbank, Md			
Married, Single or Widowed	Widow		Name of Wife or Husband	Lewis Peregrin Cummings			
Father's Name	Edward Swell		Father's Birthplace	Kent Co.			
Mother's Maiden Name	Sarah Richardson		Mother's Birthplace				
Name of person giving information	Mrs Rose Tyler		How related to deceased	Daughter			

## CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis	How long	7 or years
Immediate	La Grippe & General Debility	How long	Some mos.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S. H. Wilson
		Address	Filghman
Accident or Suicide?	no		Md



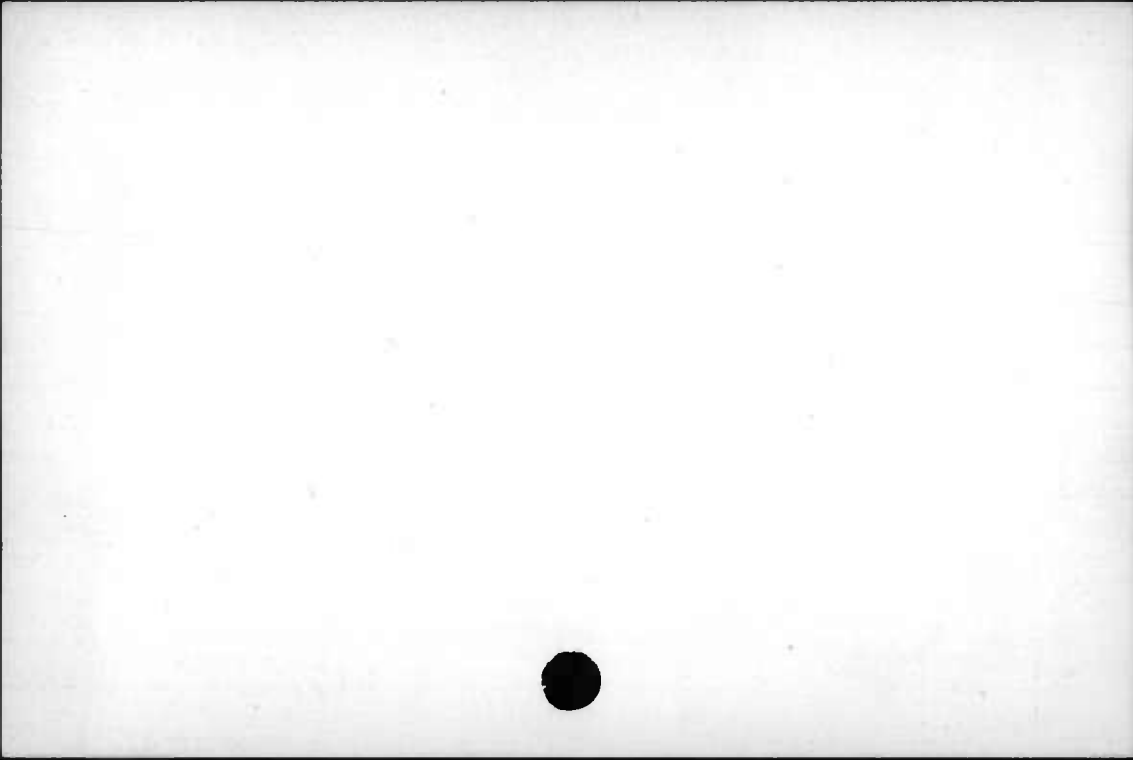


Name in Full <b>Mary A. E. Edmondson</b>		Town <b>Grapple</b>		County <b>Talbot</b>		CERTIFICATE OF DEATH	
Died at <b>Grapple</b>		Month <b>May</b>		Day <b>4</b>		Years <b>64</b>	
Date of death <b>1907</b>		Months <b>3</b>		Days <b>✓</b>		MARYLAND	
Sex <b>female</b>		Color or Race <b>white</b>		Birth-place <b>Talbot Co.</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death <b>✓</b>					
Married, Single or Widowed <b>widowed</b>		Name of Wife or Husband <b>James H. Edmondson</b>					
Father's Name <b>William Longen</b>		Father's Birthplace <b>Dorchester Co.</b>					
Mother's Maiden Name <b>Sarah A. Leonard</b>		Mother's Birthplace <b>Talbot Co.</b>					
Name of person giving information <b>S. S. Munich</b>		How related to deceased <b>Son-in-law</b>					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary <b>Pulmonary Tuberculosis</b></p> <p>Immediate <b>Exhaustion</b></p> <p>Are the name, age, sex, color, date and place correctly given above? <b>yes</b></p> <p>Accident or Suicide? <b>no</b></p> </div> <div> <p>How long <b>Several years</b></p> <p>How long <b>Several weeks</b></p> <p>Signature of Physician <b>Wm S. Superior</b></p> <p>Address <b>Grapple Md</b></p> </div> </div>							

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

27



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Charles Gibson* County *Talbot* State *MARYLAND*

Died at *Near Easton*

Date of death *1907* Month *May* Day *3rd* Age *15* Years *—* Months *—* Days *—*

Sex *Male* Color or Race *Black* Birth-place *Talbot Co*

Occupation *Labourer* Where Residing if not at place of death *Near Easton*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Thos Gibson* Father's Birthplace *Trappe*

Mother's Maiden Name *Margaret Jordan* Mother's Birthplace *"*

Name of person giving information *Thos Gibson* How related to deceased *Father*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Pulmonary Phthisis* How long *7 months*

Immediate *Cordial Arrest* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *P. L. Travers*

Address *Easton. Md.*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

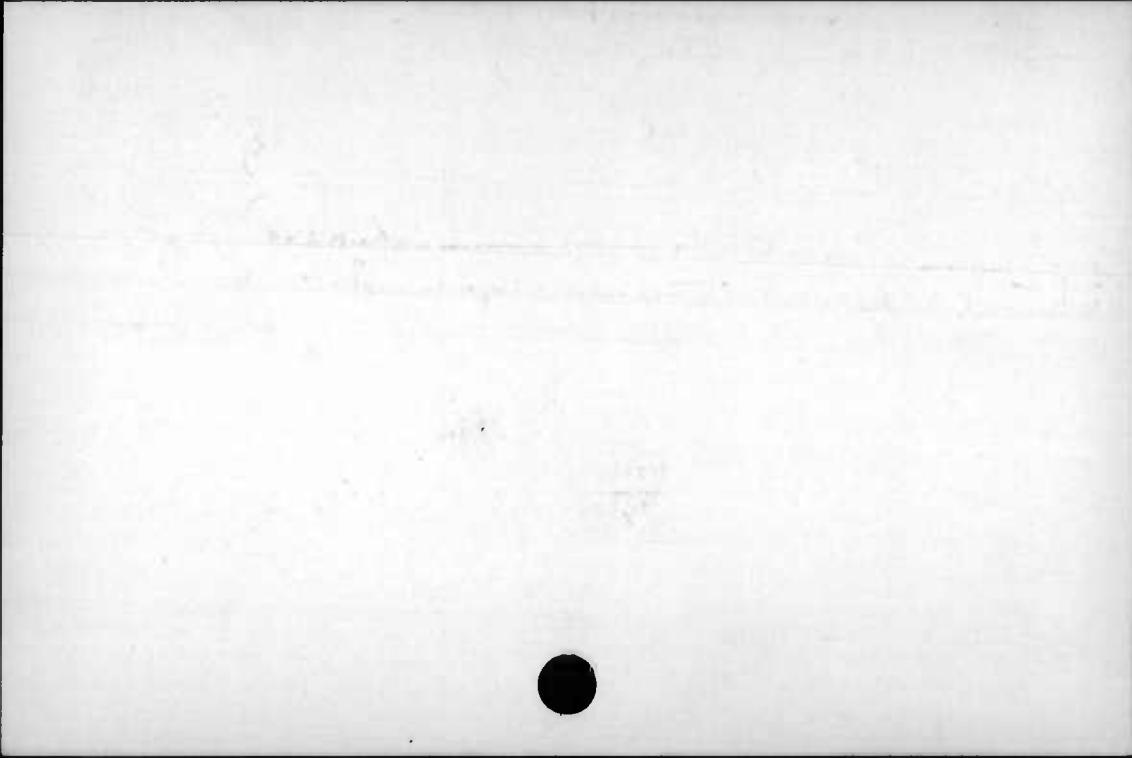
Died at <i>Easton</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>16</i>	Age <i>60</i>	Years <i>60</i>	Months <i>4</i>	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Caroline County</i>				
Occupation <i>Teaming</i>			Where Residing if not at place of death <i>Baltimore Md.</i>				
Married - Single <input checked="" type="checkbox"/> Married		Name of Wife or <del>husband</del> <i>Mrs Nettie Burke Hubbard</i>					
Father's Name <i>Samuel Hubbard</i>		Father's Birthplace <i>Caroline Co.</i>					
Mother's Maiden Name <i>Mary Rumford</i>		Mother's Birthplace <i>Caroline Co.</i>					
Name of person giving information <i>Sarah Clara Willis</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

(79)

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Deilitation</i>	How long <i>40 years</i>
Immediate <i>Heart Failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Merritt Burke</i>
<i>They are</i>	Address <i>Easton Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George F. Jackson

Town

County

Died at

Near Easton

Talbot

MARYLAND

Date

of death

1907

Month

May

Day

7

Age

Years

20

Months

4

Days

2

Sex

Male

Color of  
Race

Black

Birth-  
place

Talbot Co.

Occupation

Laborer

Where Residing if not  
at place of death

Near Easton

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Robt Jackson

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Sarah Scott

Mother's  
Birthplace

Talbot Co.

Name of person giving  
Information

Father

How related  
to deceased

—

## CAUSES OF DEATH

27

Primary

Tuberculosis

How long

2 yrs.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

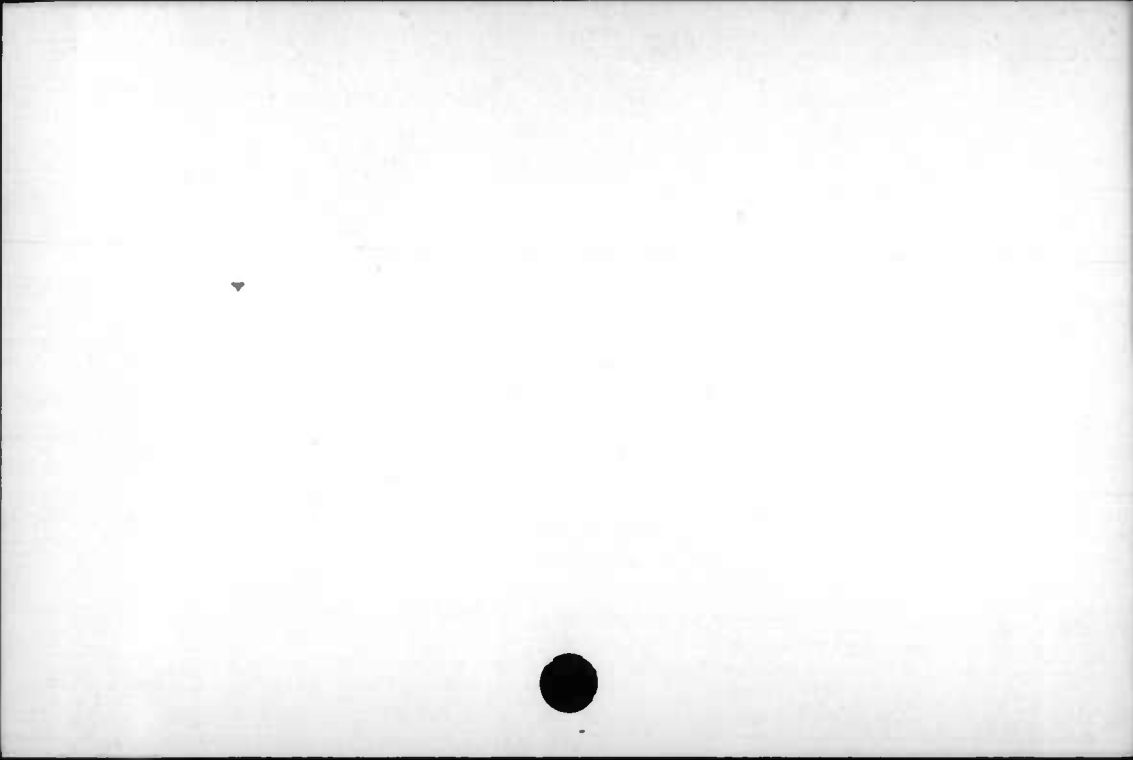
yes

Signature of  
Physician

Address

A. Hayward  
Easton

Accident or Suicide?





Name  
in  
Full

Frank Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

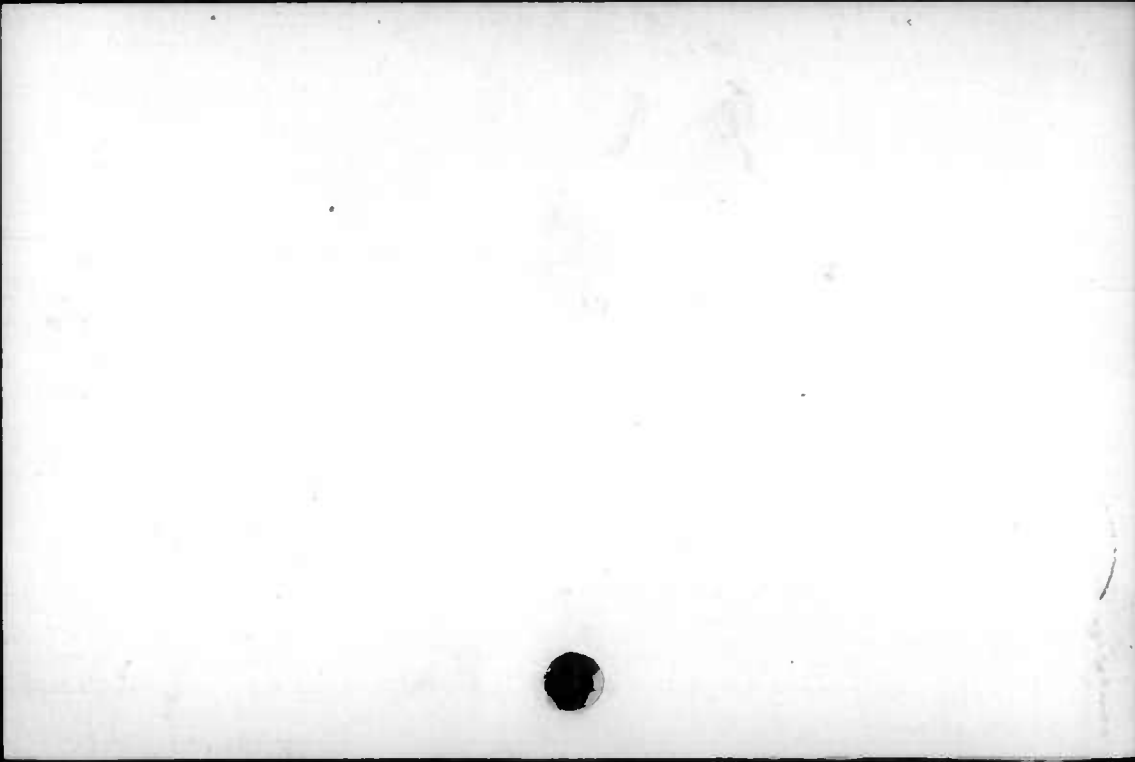
Died at <u>Isapsee</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>May</u>		Day <u>13<sup>th</sup></u>	Age <u>28</u> Years	Months <u>✓</u>	Days <u>✓</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth place <u>Caroline Co. Md.</u>		
Occupation <u>farmer</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mary Johnson</u>				
Father's Name <u>Unknown</u>		Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>unknown</u>			
Name of person giving information <u>John De Gruchy</u>		How related to deceased <u>Sister</u>			

## CAUSES OF DEATH

(27)

PHYSICIAN  
CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>1 year</u>
Immediate <u>Anemia &amp; Exhaustion</u>	How long <u>Several weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. S. Seymour</u>
	Address <u>Isapsee Md.</u>



Name  
in  
Full

Hester Prechander

## CERTIFICATE OF DEATH

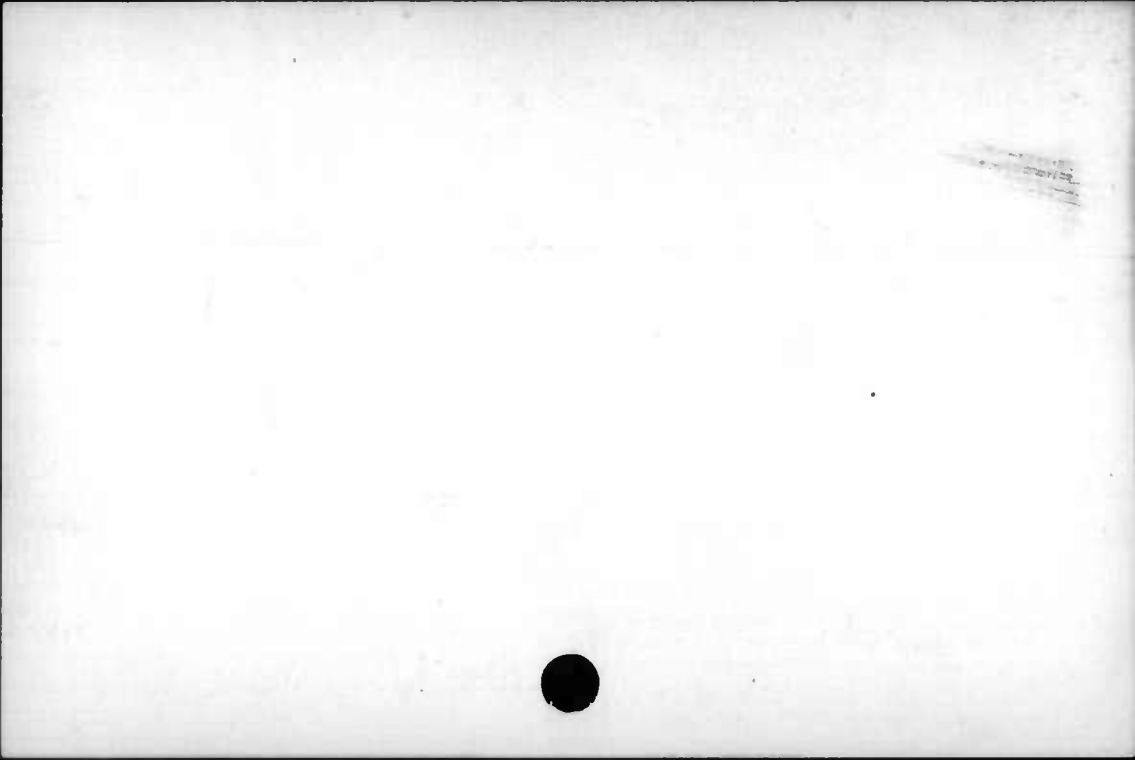
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Easton</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>May</u>	Day <u>7</u>	Age <u>47</u> Years	Months <u>7</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Kent County</u>			
Occupation <u>cook</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Richardson</u>				
Father's Name <u>John Williams</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>Lena Sampson</u>	Mother's Birthplace <u>Easton</u>				
Name of person giving information <u>Lena Bruce</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Bright's Disease</u>	How long <u>not known</u>
Immediate <u>Exhaustion</u>	How long <u>3 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. J. Dauder</u>
	Address <u>Easton</u>
	<u>MD</u>
Accident or Suicide?	



Name  
in  
Full

Miss Elizabeth Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

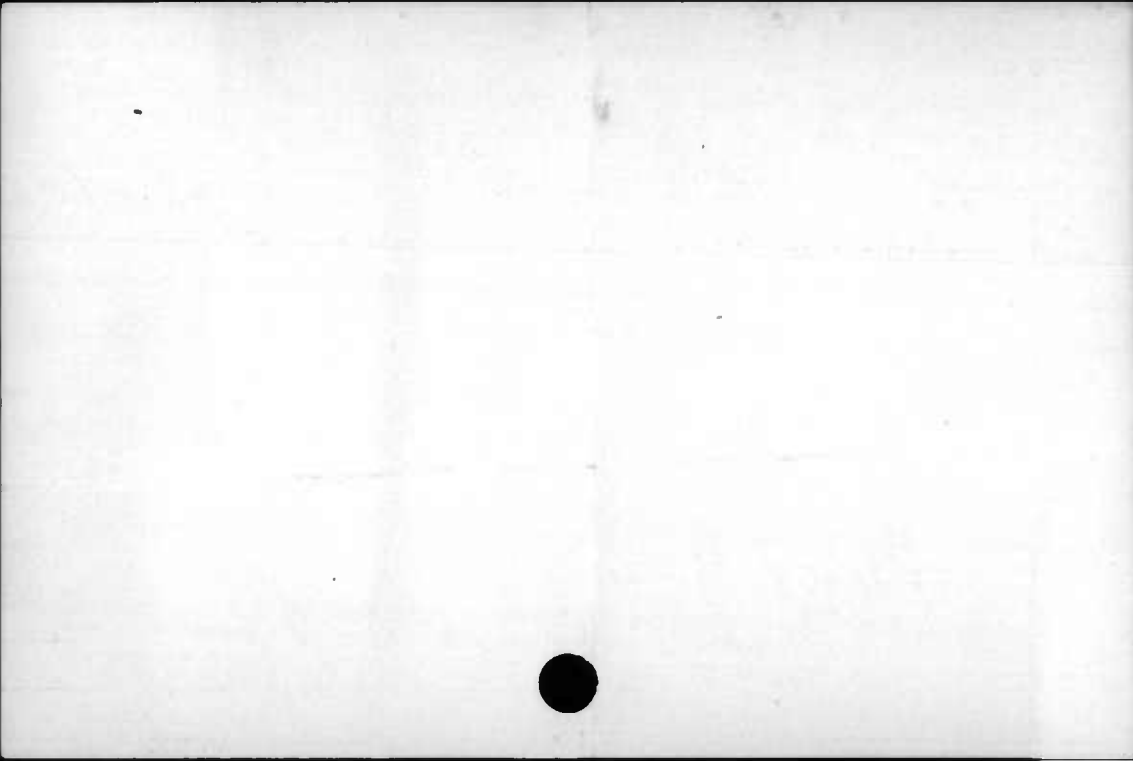
Died at <i>Marys Lane</i>		Town <i>Talbot</i>		County <i>Talbot</i>		State <i>MARYLAND</i>	
Date of death	1907	Month	May	Day	14	Age	83-
Sex	Female		Color or Race	White		Birth-place	<i>Delaware</i>
Occupation	<i>Housekeeper</i>		Where Residing if not at place of death		<i>Talbot County Md</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Henry Ross</i>				Father's Birthplace	<i>Delaware</i>	
Mother's Maiden Name	<i>Sarah Smith</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>James H Ross</i>				How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<i>Palsy</i>	How long	<i>40 yrs</i>
Immediate	<i>Heart failure &amp; Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Brook Henry M D</i>	
		Address	
		<i>Sevier County Pennsylvania</i>	
Accident or Suicide?			



Name  
in  
FullMrs. Henrietta Senger  
Town Nettoman County Talbot

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1907

Month

May

Day

1

Age

Years

50

Months

6

Days

11

Sex

Female

Color or  
Race

White

Birth-  
place

Nettoman Md

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John Martin Leonard Senger

Father's  
Name

Joseph Harrison

Father's  
Birthplace

Nettoman Md

Mother's  
Maiden Name

Sarah Vallant Harrison

Mother's  
Birthplace

" "

Name of person giving  
Information

John M. Senger

How related  
to deceased

Husband

## CAUSES OF DEATH

79

Primary

How long

Immediate

Heart Disease

How long

Suddenly

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. K. Wilson

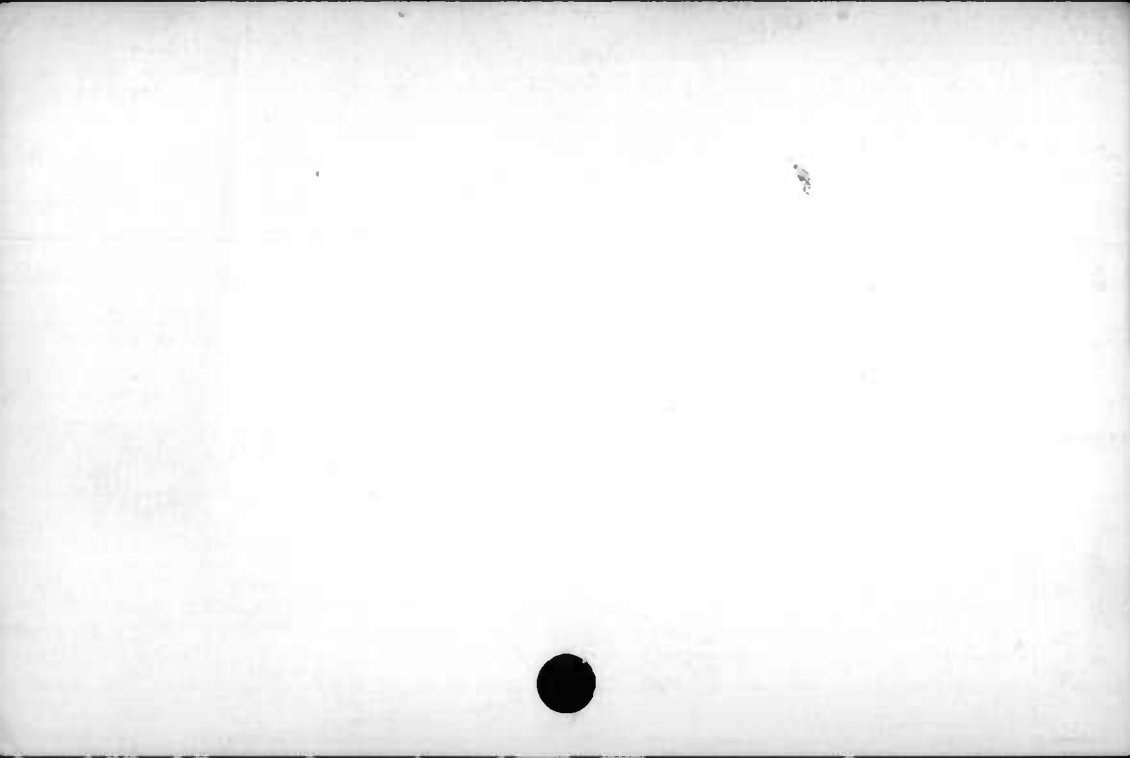
Address

Tilghman

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
FullStella Born Townsend  
County

## CERTIFICATE OF DEATH

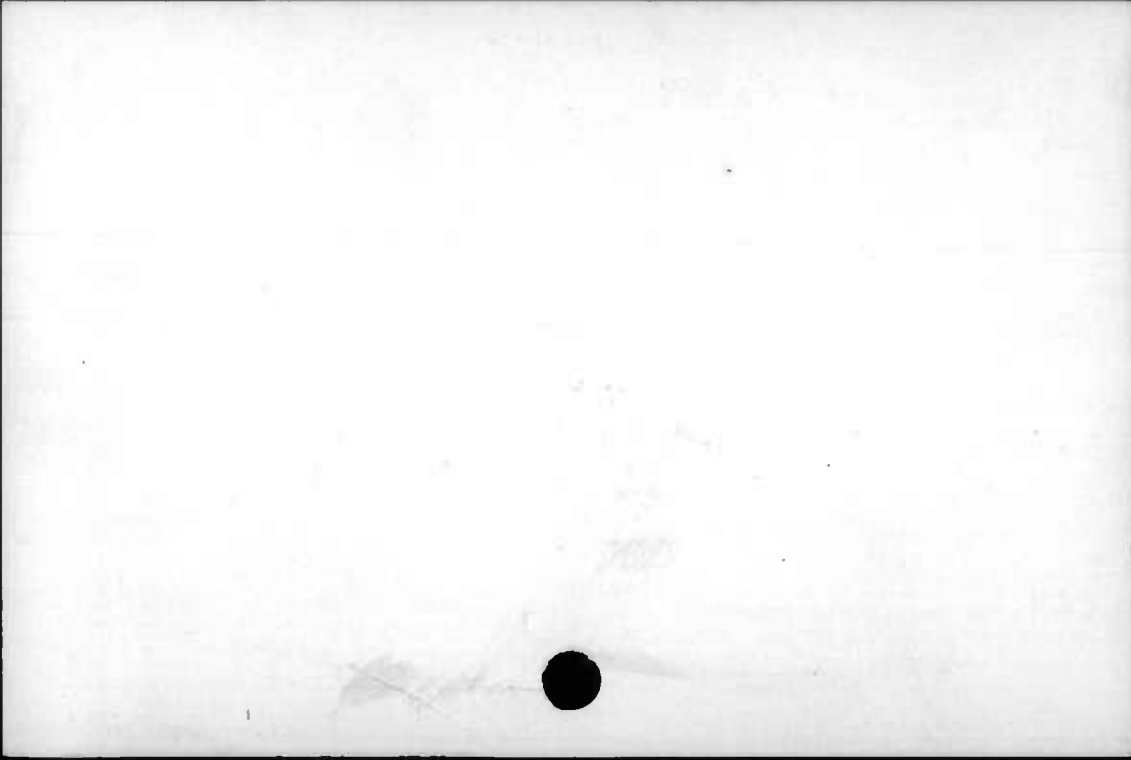
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND				
Date of death		1907	Month	May	Day	9	Age	Years	Months	Days
Sex		Female		Color or Race		White		Birth-place		Med
Occupation		None		Where Residing if not at place of death		S				
Married, Single or Widowed		Single		Name of Wife or Husband		X				
Father's Name		Willard J. Townsend					Father's Birthplace		Pa	
Mother's Maiden Name		Ida C. Sturkey					Mother's Birthplace		Med	
Name of person giving information		Willard J. Townsend					How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spina Bifida and Hydrocephalus	How long	(S)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		E. R. Zipp	
		Address	
		Easton	
Accident or Suicide?		Med.	



Name  
in  
Full

William W Harrington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

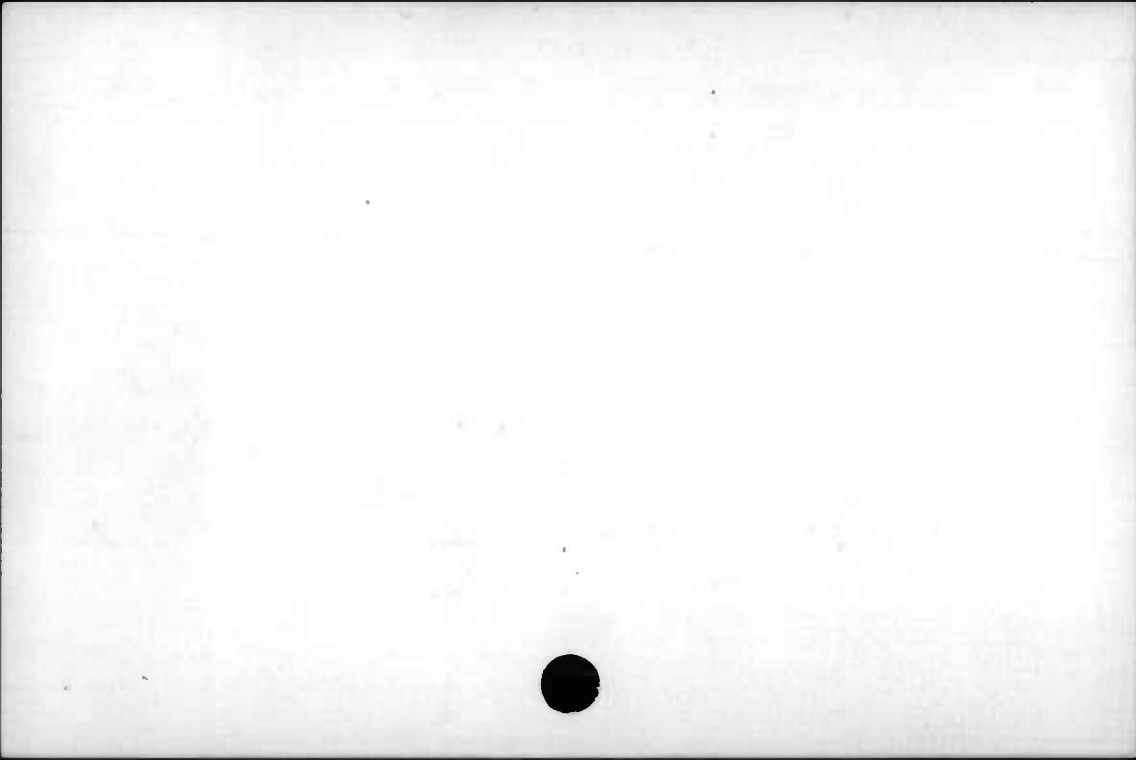
Died at <u>Easton</u> <sup>Town</sup>		<u>Talbot</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>31</u>		Age <u>51</u> <sup>Years</sup>		<u>X</u> <sup>Months</sup> <u>X</u> <sup>Days</sup>	
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Delaware</u>			
Occupation <u>Lumberman</u>		Where Residing if not at place of death <u>X</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Henrietta Harrington</u>				
Father's Name <u>Samuel Harrington</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Scaroline Pettiman</u>	Mother's Birthplace <u>Del</u>				
Name of person giving information <u>Henrietta Harrington</u>		How related to deceased <u>wife</u>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Chronic Brights Disease</u>	How long <u>not known</u>
Immediate <u>Convulsions</u>	How long <u>20 min</u>
Are the name, age, sex, color, date and place correctly given above? <u>y/so</u>	Signature of Physician <u>Chas. J. Harrison</u>
	Address <u>Easton, Md.</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Blanche Wiley

Town

Easton

County

Tallbot

MARYLAND

Died at

Date

of death 1907 May

Month

Day

10

Years

Age 18

Months

1

Days

2

Sex

Female

Color or  
Race

Colored

Birth-  
place

Tallbot MD

Occupation

H. W.

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Isaac Wiley

Father's  
Birthplace

Tallbot MD

Mother's  
Maiden Name

Melina Wilson

Mother's  
Birthplace

Tallbot MD

Name of person giving  
Information

John Slaughter

How related  
to deceased

Step father

## CAUSES OF DEATH

Primary

Colapsia

(70)

How long

3 days

Immediate

Toxaemia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

A. Orville

Address

Easton MD

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Tryloma

2 K - May 12